

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 09 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000058807 (4)

1. Corporation Name
 L. MICHAEL WEISS, M.D., P.A.



Principal Place of Business
 1103 SOUTH FORT HARRISON AVENUE
 CLEARWATER FL 34616

Mailing Address
 1103 SOUTH FORT HARRISON AVENUE
 CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 508 Jeffords Street
 Suite, Apt. #, etc.
 22 Suite D
 City & State
 23 Clearwater FL
 Zip Country
 24 33756 25

2a. Mailing Address
 26 508 Jeffords Street
 Suite, Apt. #, etc.
 27 Suite D
 City & State
 28 Clearwater FL
 Zip Country
 29 33756 30

3. Date Incorporated or Qualified
 07/15/1996
 4. FEI Number
 59-3391487 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

WEISS, L M M.D.
 1103 SOUTH FORT HARRISON AVENUE
 CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
 L. Michael Weiss, MD
 82 Street Address (P.O. Box Number is Not Acceptable)
 508 Jeffords Street
 83 Suite D
 84 City
 Clearwater FL 85 Zip Code
 33756

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE *L. Michael Weiss MD*
 Signature typed or printed name of registered agent and title if applicable

7/5/98
 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	L MICHAEL WEISS	
STREET ADDRESS	1103 S FT HARRISON AVE	
CITY-ST-ZIP	CLEARWATERS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	L. Michael Weiss		
1.3 STREET ADDRESS	508 Jeffords Street Suite D		
1.4 CITY-ST-ZIP	Clearwater, FL 33756		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. Michael Weiss* L. Michael Weiss 7/5/98 813-443-7700

CR2E034 (5/98)